



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 104020	2. Name of Corporation Lathrop Insurance, Inc			
3. Street Address Principal Business Office 85A Beach St	City Westerly	State RI	Zip 02891	
4. Business Phone No. 401-596-2525	5. State of Incorporation Rhode Island		6. SIC Code 5702	
7. Brief Description of the Character of Business Conducted in Rhode Island Insurance Agent				

8. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name John H. Lathrop			Vice President Name M. Catherine McGill Lathrop		
Street Address 7 Cohasset Way			Street Address 7 Cohasset Way		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name John H. Lathrop			Treasurer Name M. Catherine McGill Lathrop		
Street Address 7 Cohasset Way			Street Address 7 Cohasset Way		
City Westerly	State ri	Zip 02891	City Westerly	State RI	Zip 02891

9. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name John H. Lathrop			Director Name M. Catherine McGill Lathrop		
Street Address 7 Cohasset Way			Street Address 7 Cohasset Way		
City Westerly	State RI	Zip 02891	City Westerly	State Ri	Zip 02891
Director Name David B. Anderson			Director Name		
Street Address 28 Rock Ridge			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip

10. SHARES AUTHORIZED (X BOX FOR ATTACHMENT)

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
1,000	No Par Value	

11. SHARES ISSUED (X BOX FOR ATTACHMENT)

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
0	No par	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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FILED
File Date <u>FEB 11 2005</u>
Check No. <u>BY 15 7706</u>
By: <u>CSM</u>
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer John H. Lathrop Date 12/26/04
 Print or Type Name of Officer John H. Lathrop
 Title of Officer President